



ENERGY STAR® QUALIFIED PRODUCT INFORMATION FORM

FOR

INDOOR RESIDENTIAL LIGHT FIXTURES

INDOOR

ENERGY STAR® product information form for use by ENERGY STAR qualified residential light fixture partners

(Companies who have joined ENERGY STAR for residential light fixtures by signing a Partnership Agreement)

You may use this form to report those products that are sold under your company's brand name. If your firm sells models (fixtures) under a brand name different from your company name, you must list the brand name and the associated retailer/organization. Please copy this form and return one for each lamp/ballast combination to the address below.

MANUFACTURER (ENERGY STAR Partner): _____

SECTION I -- LAMP & BALLAST INFORMATION:

Number of Lamps/ Fixture	Number of Ballasts/ Fixture	Individual Listed Lamp Wattage	Lamp Type ¹	Lamp Size ²	Ballast Type (circle one)	Lamp (e.g., lightbulb) Manufacturer & Model Number	Ballast Manufacturer & Model Number
					Electronic Magnetic		

ENERGY STAR should review this submittal as a (circle one): Lamp &/or Ballast Platform³ Complete Fixture Both

1. Lamp Type: For example, CFL = Compact Fluorescent, CR = Circular, L = Linear

2. Lamp Size: For example, T4, T5, or T8.

3. A lamp and ballast platform does not receive the ENERGY STAR label and cannot be promoted as an ENERGY STAR approved product. Rather, you may promote the "qualified" lamp, ballast, or lamp/ballast platform as a component that meets applicable ENERGY STAR Program Requirements and is used in ENERGY STAR qualified residential light fixtures.

SECTION II -- TEST RESULTS: Enter results from test report (complete using average of three or more samples) or manufacturer data as specified in the ENERGY STAR Program Requirements for Residential Light Fixtures Version 3.2 and attach required documentation to this form.

Performance Characteristic	Test Result		Required Documentation (please attach to this form)
Efficacy	_____	Total Lumen Output	Test report from a lab accredited by NVLAP or other EPA approved documentation
	_____	Input Power (watts)	Test report from a lab accredited by NVLAP or other EPA approved documentation
	_____	Lumens Per Watt	Test report from a lab accredited by NVLAP or other EPA approved documentation
Lamp Start Time	_____	Milliseconds	Test report from a lab accredited by NVLAP, or one of its MRA Signatories, or a lab accredited by an OSHA NRTL, or other EPA approved documentation
Lamp Color Rendering	_____	CRI	Test report from a lab accredited by NVLAP or other EPA approved documentation
Lamp Correlated Color Temp.	_____	Kelvin	Test report from a lab accredited by NVLAP or other EPA approved documentation
Noise	_____	DBA	Manufacturer or laboratory data
Fixture Warranty		Yes No	2-Year Written Fixture Warranty
Safety – Portable Fixtures	Listed for Safety?	Yes N/A	Cover page of a safety test report or a general coverage statement included
Safety – Hardwired Fixtures	Listed for Safety?	Yes N/A	Cover page of a safety test report or a general coverage statement included
Safety – Ballasts and "Fluorescent Adapters"	Listed for Safety?	Yes N/A	Cover page of a safety test report or a general coverage statement included
Power Factor	_____		Manufacturer or laboratory data
Lamp Current Crest Factor	_____		Test report from a lab accredited by NVLAP, or one of its MRA Signatories, or a lab accredited by an OSHA NRTL, or other EPA approved documentation

SECTION II -- TEST RESULTS (continued): Enter results from test report (complete using average of three or more samples) or manufacturer data as specified in the ENERGY STAR Program Requirements for Residential Light Fixtures Version 3.2 and attach required documentation to this form.

Measured Maximum Ballast Operating Case Temperature for Optimal Performance Inside the Fixture	_____ degrees Celsius	Manufacturer or laboratory data
Ballast Manufacturer Recommended Maximum Case Temperature for Optimal Performance	_____ degrees Celsius	Manufacturer or laboratory data
Ballast Hot Spot Location	Description for Locating Hot Spot Included? Yes OR No	Manufacturer engineering description
Ballast Frequency (Required for all electronic ballasts)	_____ kHz OR N/A	Manufacturer or laboratory data
Transient Protection (Required for all electronic ballasts)	Pass N/A	Manufacturer or laboratory data
End of Life Protection (Required for electronic ballasts with lamps sized T5 & smaller)	Yes N/A	Manufacturer data or laboratory engineering description outlining the scheme that is used to achieve end of life function within the ballast
Dimming	Dimming-Capable Ballast? Yes OR No	No documentation required at time of submittal.
	If "Yes", Indicate Dimming Mechanism _____ 3-Way Switching _____ Continuous Dimming	
Durability	ANSI Standardized Lamp? Yes OR No	For fixtures that do not use an ANSI standardized lamp, supply a manufacturer lamp specification, as appropriate. (Use ANSI lamp data sheets found in ANSI C78.901 & C78.81)
	ANSI or ANSI-IEC Standard Data Sheet Number _____ OR N/A	
	ANSI Designated Lamp Base Type _____ OR N/A	
Product Packaging	Lamp Life Yes N/A	Written copy or PDF graphic of the language that will be displayed on product packaging
	CCT Yes N/A	

ADDITIONAL TEST RESULTS FOR INDOOR RECESSED DOWNLIGHT RETROFIT KITS ONLY: When qualifying a recessed downlight retrofit kit for ENERGY STAR, the following documentation must be provided **in addition** to the information required above.

Reflector Type	_____	No supplemental documentation required
Aperture Size	_____ Inches	No supplemental documentation required
Restricted Air Movement	Yes N/A	Manufacturer or laboratory data
Electrical Connections	Yes N/A	Manufacturer engineering description or diagram describing electrical connection
Safety – Retrofit Fixture Conversions	Listed for Safety? Yes N/A	Cover page of a safety test report or a general coverage statement included
Packaging Requirements	Fixture Compatibility List? Yes N/A	Written copy or PDF graphic of the language that will be displayed on product packaging as well as installation instructions
	ASTM E283 Compliance Language? Yes N/A	
	Installation Instructions? Yes N/A	

SECTION III -- FIXTURE MODELS WITH SAME LAMP/BALLAST COMBINATION:

Model Number/Retail SKU ¹	Brand Name	Fixture Type ²	Does the lamp ship with fixture?	Typed Fixture Description Attached ³	Intended Use (circle all that apply)
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom

SECTION III -- FIXTURE MODELS WITH SAME LAMP/BALLAST COMBINATION (continued):

			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N	Y N	Living Room Kitchen Utility Room Bath Hallway Bedroom

- List all fixture models (and Retail SKU Number when applicable) that will use this lamp/ballast combination. Only one set of test results is required per lamp/ballast combination.
- Fixture Type: CM = Ceiling Mounted, WM = Wall Mounted, RC = Recessed Canister, RT = Recessed Troffer, SU = Suspended, PT = Portable, TO = Torchiere, UC = Under Cabinet, FC = Furniture/Cabinet Integrated, AR = Architectural, RDRK – Recessed Downlight Retrofit Kit, O = Other.
NOTE: Although you may indicate more than one fixture type, only your first selection will appear on the ENERGY STAR Web site.
- E.g. "This close-to-ceiling mount fixture features an antique brass finish coupled with a glass dome that has a subtle swirl pattern throughout the glass." This is a marketing tool. Use additional sheets as necessary and/or send electronic descriptions with submittal.

SECTION IV -- MARKETING REQUIREMENTS:

Upon approval of this product, the Partner will take steps to ensure that the ENERGY STAR label will appear (check all that apply):

☐ **On product packaging (required)** ☐ **In product literature (required)** ☐ **On Internet site (required)**

Following ENERGY STAR acceptance of a product, partner has 90 days to fulfill the labeling requirements. ENERGY STAR reserves the right to remove a non-compliant product from the Web site after 90 days. Explain briefly in writing how you plan to implement the above listed labeling requirements within the timeline (use additional pages if necessary):

SECTION V -- SUBMITTAL PROCEDURE:

- | | |
|--|--|
| <ol style="list-style-type: none"> Fill out entire ENERGY STAR for Residential Light Fixture Qualified Product Information Form. Fill out one form for each lamp/ballast combination. For multiple fixture models using same lamp/ballast combination list those fixture models in Section III. Attach ALL required testing and verification documentation. Sign and date Section VI below. | <ol style="list-style-type: none"> Keep a copy of this form and attached documentation for your records. Mail this form and attached documentation to:
ICF Consulting
C/O Brooke Taylor
1725 Eye Street NW, Suite 1000
Washington DC 20006 |
|--|--|

SECTION VI -- VERIFICATION: (To be signed by senior representative of the fixture manufacturer)

I declare that the above information is accurate and true to the best of my knowledge. I understand that if any of the above information is found to be inaccurate by ENERGY STAR or any of ENERGY STAR's contractors that the above products will be removed from the ENERGY STAR qualified product list, and that EPA may terminate the ENERGY STAR agreement between EPA and the responsible manufacturer.

Printed Name: _____

Manufacturer Signature: _____

Date: _____

Contact Number: _____